Surrey Heartlands Integrated Care System
Area Prescribing Committee (APC)

MINUTES

Date	1st October 2025	Time	1430 – 1630
Venue	Microsoft teams invitation		

Name (Initials)	Role		Attendance /apologies											
APC voting members		**Jan** Virtual	**Feb**	**Mar**	**Apr**	**May**	**May 14th**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Dr Stephen Cookson (SC)	RSFT – Consultant Cardiologist (Chair)		√	√	**A**	√	√	**√ left at 1512**	√	√	√	√		
Sarah Watkin (SWa)	Head of Medicines Resource Unit – Surrey Heartlands Integrated Care Board (Deputy Chair)		√	√	√	**A**	√	√	**A**	√	√	√		
Linda Honey (LH)	Director of Pharmacy - Surrey Heartlands Integrated Care System		**√ (left at 4pm)**	√	**A**	√	√	√	√	√	√	**√ (left meeting from agenda item 10-15**		
Sarah Flack	Primary Care Pharmacist, Surrey Downs Place representative								**√ (from 3pm)**	**X**	**X**	**X**		
Tara Bahri	Deputy Chief Pharmacist Out of Hospital, Surrey Downs Place		√	√	√	√	√	**A**	**A**	√	√	√		
Tim Dowdall	Deputy Chief Pharmacist Out of Hospital - Guildford & Waverley		√	√	√	√	√	**A**	√	**√ (left at 1622**	√	**A**		
Lis Stanford	Deputy Chief Pharmacist Out of Hospital – North-West Surrey		**A**	√	√	√	√	√	√	√	√	√		
Monika Cunjamalay	Deputy Chief Pharmacist Out of Hospital – East Surrey		√	**A**	√	√	**A**	√	√	√	**A**	√		
Nikki Smith (NS)	Head of Medicines Safety / Patient Safety Specialist		√	√	**√ (left at 15:43**	√	√	√	√	√	√	√		
Veronica Davis	RSFT – Formulary Pharmacist		√	√	√	√	√	√	**A**	√	√	√		
Jemma Hives	Clinical Lead Pharmacist - ASPH		√	**X**	**X**	**X**	**A**	**X**	**X**	**X**	**x**	**X**		
Asad Qureshi	Formulary Pharmacist - ASPH		**A**	√	√	√	√	√	√	**X**	√	√		
Nicky Leitch (NL)	SASH – Formulary Development Pharmacist		√	√	√	√	√	**A**	√	**A**	√	√		

Amy Fox or Kanwal Sheikh	ESHUT – Formulary and Medicines Optimisation Pharmacist		√	X	√	X	X	√	√	√	√	√		
Alison Marshall (AM)	SABPFT - Formulary Pharmacist		√	√	√	A	A	√	√	√	√	√		
Simon Whitfield	Chief Pharmacist – Surrey & Borders Partnership NHS Foundation Trust		A	X	X	X	√	√ left at 4pm	√	X	√ (left at 1450	√		
	CSH - Lead Pharmacist		√	X	√	√	X	√	√	√	√	√		
Temitope Odetunde (TO)	FCH&C - Lead Pharmacist		X	√	X	X	X	X	X	√	X	X		
	ASPH - Medical Director or nominated representative		X	X	X	X	X	X	X	X	X	X		
Dr James Clark (JC)	SASH – Consultant Endocrinology & Diabetes Mellitus		X	X	√	√	√	√	√	√	√ (from 1517)	√		
	ESHUT - Medical Director / Chair of DTC or nominated Consultant		X	X	X	X	X	X	X	X	X	X		
Dr Raja Badrakalimuthu	SABPFT – Chair of Medicines Optimisation Committee		√ (left at 3.23pm)	√	√	√	X	X	√	X	√	√ (from 1525)		
	GP prescribing Lead (SD place) vacant position from July 2025		√	√	√	√	√	√	X	X	X	X		
Dr Darren Watts	GP prescribing Lead (Guildford & Waverley place)		√	√	√	√	√	√	√	√	√	√		
Dr Rebecca Rogers	GP prescribing Lead (North West Surrey place)		√	√	√	√	√	√	√	√	√	A		
Dr Claire Badawi	GP prescribing Lead (East Surrey place)		√	X	√	√	A	√	√	√	√	√		
Sunita Duggal (SD)	Multiprofessional prescribing representative – Advanced Nurse Practitioner		√	√	√	√	√	X	√	A	A	√		
Julia Powell (JP)	Chief Executive, Community Pharmacy Surrey & Sussex, on behalf of Sussex and Surrey Local Pharmaceutical Committees		√	√	√	√	A	A	A	√	√	√		
Dr Janice Kirby- Smith (JK-S)	Patient representative		√	√	√	√	A	√	√	√	√	√		
Mohamed Kharbouch	Patient representative		√	√	√	√	X	A	√	√	√	√		
Shani Corb (SC)	Chief Pharmacist - SECAMB		A	A	A	A	A	A	A	A	A	A		

Andy Law (AL)	Surrey Heartlands ICS finance representative		X	X	X	X	X	X	X	X	X	X		
Dr Ruchika Gupta (RG)	Surrey Heartlands ICS Clinical Director for Long Term Planning Delivery		√	√	A	A	X	√ from 1544	√	A	√ from 1515	X		
Richard Barnett (RB)	Surrey Heartlands ICS quality directorate representative		√	√	√	√	X	√	√	√	A	√		
Liz Saunders (LS)	Surrey County Council - Public Health Consultant		X	X	X	X	X	X	X	X	X	X		
	Non-voting members													
Dr Andreas Pitsiaeli	LMC representative								A	√	A	√		
Catrin Thomas (CT)	Medicines Management Pharmacist Kingston Hospital NHS Foundation Trust		X	X	X	X	X	X	X	X	X	X		
Judith Foy (JF)	Chief Pharmacist, Kingston Hospital NHS Foundation Trust		A	A	A	X	X	X	A	X	X	X		
TakHo Cheung or Amy Herbert	Medicines Governance and Value Pharmacy Representative - NHS Sussex ICB		X	X	X	X	X	X	X	√ from 1504	A	√		
Phillipa Blatchford (PB)	Principal pharmacist Commissioning (Croydon) – Interim professional secretariat of SWL IMOC		X	X	√	√	X	X	X	X	A	√		
	Representative from QVFH		X	X	X	X	X	X	X	X	X	X		
Gillian Ells (GE)	Acute/Interface Specialist Pharmacist NHS Sussex Commissioners		X	X	X	X	X	X	X	X	X	X		
Mohammed Asghar (MA)	Formulary Pharmacist Frimley Park Hospital NHS Foundation Trust		X	X	X	X	X	X	X	X	X	X		
	Public Health Consultant, West Sussex County Council		X	X	X	X	X	X	X	X	X	X		
	Pharmacy Lead Practice Plus Group		X	X	X		X	X	X	X	X	X		
	Surrey Heartlands Clinical Academy Representative		X	X	X	X	X	X	X	X	X	X		
Clare Johns (CJ)	Lead Pharmacy Technician – Medicines Resource Unit (MRU) – NHS Surrey Heartlands APC Secretariat		√	√	√	√	√	√	√	√	√	√		
Carina Joanes (CJo)	Lead Pharmacist - MRU (Clinical)		√	√										

Tejinder Bahra (TB)	Lead Pharmacist (MRU) Operational		√	√	√	√	X	√	√	√	A	√		
Georgina Randall (GR)	Senior Pharmacy Technician - MRU		√	√	√	√	X	√	√	√	√	√		
In attendance														
Helen Marlow	Lead Respiratory Specialist Pharmacist											√		
Rachel Claridge	Lead Pharmacy Technician – Primary Care – Surrey Heartlands										√	√		
Maya Ladwa	Pharmacist – Surrey & Sussex Healthcare NHS Trust											√		
Hamisha Salim	Pharmacist – Surrey & Sussex Healthcare NHS Trust											√		

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1	**Introduction** The chair welcomed members, presenters and all observers to the APC
2	**Quorum** The chair noted that the meeting was quorate.
3	**Declarations of Interest** Members were asked if there were any declarations of interest for the agenda items that had not already been declared. None were declared
4	**Minutes from previous meeting** The final minutes from the two APCs held in September 2025 were noted by the members
5	**Action log** The members were informed of updates to the following actions **1. GnRH agonists use in Breast Cancer & Endometriosis – budget transfer agreement** To note that a solution has been discussed and agreed. The LCS is being updated to reflect the agreement and the JF will be updated accordingly, when arrangements are finalised, in accordance with previously agreed traffic light status. • **GnRH agonists use in Breast Cancer (agreed in principle in September 2023)** ○ **BLUE (with specialist initiation)** Specialists will prescribe and administer the first injection prior to transfer of care. • **GnRH agonists use in Endometriosis (agreed in principle in July 2025)** ○ **BLUE (with specialist initiation)** Specialists will prescribe and administer the first injection prior to transfer of care. **ACTIONS CLOSED** **2. Tirzepatide in Surrey Weight Management Service – Support communication to patients** ○ Information for patients is available on the Surrey Heartlands website and the PAD **ACTIONS CLOSED** **3. Dapagliflozin for treating CKD (NICE TA1075) – Communication tools to support implementation** ○ Discussed at MOOG in September 2025. Any subsequent actions will sit with the MOOG **ACTIONS CLOSED**
6	**Medicines safety highlight report** Head of Medicines Safety shared a highlight report with the members, prior to the meeting. Points to note were as follows: **Medicine supply notifications.** Working in conjunction with colleagues to support communications about medicines supply issues
7	**NICE Guidance** The APC noted the NICE guidance published since the last APC. Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over (NICE TA 1088) • APC agreed a **NON-FORMULARY** traffic light status for this treatment as NICE does not recommend its use.

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	The Surrey Heartlands Integrated Care System Area Prescribing Committee does not recommend the use of ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over in line with NICE TA1088. A **NON-FORMULARY** traffic light status has been applied to ruxolitinib cream for this indication **ACTION:** • **Add to PAD/JF for reference (PAD admin)** • **Add NICE TA weblink to PAD for reference (PAD admin)**
8	**Urgent AOB:** None to note
9	**Horizon scanning and formulary updates** A new standing agenda item for the APC will be to update members on recent new formulations that maybe considered more cost effective than current agreed formulations on the Joint formulary. **Formulary amendments:** • **Testosterone** – amendments agreed as proposed with the addition of a change in colour classification document from Dec 2023 and removal of evidence review for testosterone gel for low libido • **Zolmitriptan orodispersible tablets** – Currently the narrative states 'Use orodispersible tablets in patients with swallowing difficulties, nausea or vomiting." The APC agreed to remove the restrictions on the JF as this formulation is lower in cost than the tablets. The orodispersible tablet will be marked as the preferred formulation. The formulary pharmacists also confirmed that the cost of the orodispersible tablets in secondary care was also lower than the zolmitriptan tablets. • **Indapamide modified release tablets –** Green traffic light status currently applied to both IR and MR indapamide. However, only the immediate release tablets are recommended within our local hypertension guidelines. The APC agreed that the MR tablets will be marked on JF as a not preferred option. **Holding statements:** • These were all agreed as proposed **Discontinuations** • **Progynova TS (weekly patches) –** The APC agreed to remove the reference of this product from all JF entries. • **Promixin nebuliser solution -** The APC agreed to remove the reference of this product from all JF entries. • **Omidria (phenylephrine/ketorolac eye drops) -** The APC agreed to remove the reference of this drug from JF. **ACTION:** • **The JF/PAD will be updated for reference (PAD admin)**
10	**Joint formulary – Hypnotics & Anxiolytics** **To note that the Director of Pharmacy left the meeting for another commitment during this item** The leads presented the proposed traffic light status for this chapter review. The lead asked the APC to agree to those traffic light statuses with pre-APC agreement and the APC and to the outstanding queries:

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	Clonazepam & Oxazepam tablets for anxiety The proposed traffic light status during consultation for these preparations was BLUE (with specialist initiation) however, following discussion with the specialist teams it was considered **BLUE (on specialist recommendation)** may be more appropriate. The APC agreed with this proposal however, it was noted that if the patient requires urgent treatment, clonazepam or oxazepam should be initiated by the specialist team, in line with the interface prescribing policy. **Melatonin – sleep disorders in children and young people with neurodevelopmental disorders** The APC discussed this patient cohort and the relative complexities of treatment initiation in some patients. The leads were proposing a BLUE (on specialist recommendation) traffic light status, but there were concerns from APC about the challenges of accessing mental health services if recommended treatments are not working or are not being tolerated. The leads confirmed that advice and guidance is available for support to prescribers in those instances and follow up with the team recommending treatment if that is required for more complex patients. It was noted that the children's BNF highlights that treatment should be initiated under specialist supervision and so for this cohort the APC agreed that the traffic light status should be **BLUE (with specialist initiation)** and the patient should be stabilised on treatment prior to transfer of care. **Melatonin – sleep disorders in adults with neurodevelopmental disorders** The current traffic light status for this patient cohort is AMBER shared care. Given the agreement for use of melatonin in children the APC were asked to consider a **BLUE (on specialist recommendation)** for this patient cohort. The APC agreed with this proposal. **Melatonin – sleep disorders in children and young people with ADHD (cohort 2)** A **BLUE (with specialist initiation)** was agreed for this patient cohort given the previous discussions about information in the children's BNF regarding specialist supervision. and the patient should be stabilised on treatment prior to transfer of care. **Buspirone – Anxiety** The leads were proposing a BLUE (with specialist recommendation) for this treatment, highlighting that there is already prescribing in primary care for buspirone use in anxiety. Members noted that the license is for short term use and asked firstly if a RED traffic light status would be more appropriate, and secondly what short term use means, as it is not defined anywhere. The leads highlighted that short term use in mental health can be 6-12 months and not necessarily a number of weeks and so that should be taken in consideration. It was also highlighted that there is evidence to support its use in patients where SSRIs or SNRIs have not worked and buspirone is a safe and tolerable medication so a RED traffic light status would not be appropriate. The APC considered that short term use needed to be defined for buspirone, and an evidence review for use of buspirone in anxiety would be beneficial for the APC to decide on traffic light status. Also noted was the need to include information on stopping treatment. **Promethazine hydrochloride - Anxiety** Members agreed with the proposal for a **GREEN** traffic light status for promethazine hydrochloride. The APC agreed that on the JF, the indication, for clarity, should be anxiety. It was noted that suggestions for JF/PAD important information from the pre-APC consultation document would be used to complete JF entries. **ACTION:**

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	• **The JF will be updated with the agreed traffic light statuses (PAD admin)** • **Obsolete documents will be removed from PAD (PAD admin)** • **Add Buspirone for anxiety to the APC workplan (CJ)**
11	**GLP-1 treatment choice** The APC members were asked to review current guidance on the weekly GLP1 presentations used in the patients living with type 2 diabetes. APC were asked to remove the statement that dulaglutide is the preferred weekly GLP1 because there are now more GLP1s available and there is increased use. The APC noted that tirzepatide, from prescribing information, appears to be the drug of choice in practice although it is more costly than the other weekly GLP1s. The APC members were also asked to agree to a number of changes to PAD & JF if this proposal was agreed. The APC also noted the NICE guidance for Type 2 Diabetes which is currently out for consultation may make specific recommendations for GLP1 weekly preparations and so by agreeing to remove dulaglutide as the preferred weekly GLP1, the APC can then review all weekly GLP1s when the NICE guidance is published. The APC members agreed with the recommendation to remove reference to any preferred weekly GLP1 and the changes to the PAD & JF and the prescribing support tool messages were also agreed. **ACTION:** • **Update PAD/JF in line with decisions made** • **Update Optimise RX prescribing support tool messages**
12	**Asthma Guidelines update** The lead specialist Pharmacist for Respiratory highlighted that the APC had previously agreed a number of documents to support treatment of patients with Asthma. The following papers were presented to the APC as a follow up to the initial agreements made. **Pathway for management of suspected (or confirmed) asthma in primary care for children aged 5 years and under** • This pathway has been developed to complete the suite of pathways for patients living with asthma. The pathway incorporates recommendations from NICE, British Thoracic Society (BTS) and the Scottish Intercollegiate Guidelines Network (SIGN). **Patient information leaflet "Using inhalers off-label in children"** • It was highlighted inhalers are regularly recommended for use off label in children under 12 A Patient Information Leaflet (PIL) has been developed with the ICB Children and Young People's Asthma specialists to support health care professionals having conversations about off label use with children and their parents or carers. • The PIL is based on information from the website Medicines for Children. Patients and carers are included in their work and the ICB PIL is based on their leaflet but has been amended specifically for inhalers. **Spacer devices – prescribing guidelines for primary care** • The spacer formulary was agreed at APC in May 2025 but supplementary guidance has been developed to support appropriate prescribing of spacers and help prescribers choose the right spacer for the right patient. **Improving patient's inhaler technique** • This document has been updated to include information on using the In-Check Dial device, used with patients to assess their ability to use different inhaler devices. All documents were agreed as presented by the lead author

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	The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed the following suite of resources to support prescribing in patients living with asthma • Pathway for management of suspected (or confirmed) asthma in primary care for children aged 5 years and under • Patient information leaflets "Using inhalers off-label in children" • Spacer devices – prescribing guidelines for primary care • Improving patient's inhaler technique **ACTION** • **Upload to PAD for reference (PAD admin)**
13	**Fostair pMDI review of traffic light status in Asthma** The lead author presented a request to change the traffic light status of Fostair pMDI for use in Asthma from **NON-FORMULARY** to **BLUE (on specialist recommendation).** In May 2025 Fostair had been given a NON-FORMULARY traffic light status in favour of Proxor which was agreed as the preferred extra-fine particle beclomethasone / formoterol metered dose inhaler (MDI) licensed for MART. This decision was made based on the cost of Proxor, which is significantly lower than Fostair and the fact that Proxor is considered to be therapeutically equivalent to Fostair pMDI. There were some clinical concerns from specialist teams and the lead author agreed that further information would be sought on bioequivalence of Proxor, and the traffic light status of Fostair pMDI reviewed. It was highlighted that the information presented was reassuring but that real world data was not yet available for Proxor so if a change in traffic light status for Fostair was agreed, the decision made should be reviewed in 12 months' time because of the significant lower cost of the Proxor device. The traffic light status for Fostair pMDI was proposed and agreed as **BLUE (on specialist recommendation) only** in those patients who have had a trial of Proxor, and the specialist team consider would benefit from a trial of Fostair pMDI. The APC members agreed to review the decision in 12 months when there has been wider clinical experience of using Proxor. The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed a change in traffic light status from NON-FORMULARY to **BLUE (on specialist recommendation)** for Fostair pMDI **ONLY** in those patients who have had a trial of Proxor, and the specialist team consider would benefit from a trial of Fostair pMDI. **ACTION:** • **Amend JF as above for reference (PAD admin)** • **Add relevant resources to PAD for reference (PAD admin)** • **Add to APC workplan for review of decision in 12 months (CJ)**
14	**GLP-1 dose titration for weight loss in diabetes** The lead author highlighted the widespread use of these treatments for weight loss and the queries received relating to dose increases in patients living with diabetes when their HbA1c is at target to further increase their weight loss. To support prescribers, it was proposed that the following statement be added to the PAD pages for the GLP1s (semaglutide, tirzepatide and liraglutide), when used for diabetes

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	• Continue at 6 months only if HbA1c has reduced by at least 11mmol/mol (1%) and weight reduction of at least 3% • Further dose titrations after 6 months should be in line with glycaemic control only, unless the patient meets the cohort criteria for weight management With links to each medication's recommendations for weight loss There were some late comments received, and these comments and the response were shared with the members at the APC for transparency purposes. The members and the author agreed that the statement being proposed did not contradict current NICE guidance and when the NICE guidance currently in consultation is published, the statement can be reviewed again at APC. The statement was agreed as proposed, noting the additional comments received prior to APC. The Surrey Heartlands Integrated Care System Area Prescribing Committee agree the following statement to be added to PAD pages for the GLP1s (semaglutide, tirzepatide and liraglutide), when used for diabetes: • Continue at 6 months only if HbA1c has reduced by at least 11mmol/mol (1%) and weight reduction of at least 3% • Further dose titrations after 6 months should be in line with glycaemic control only, unless the patient meets the cohort criteria for weight management for ○ Semaglutide: joint-position-statement-on-medical-therapies-for-obesity_final-resubmitted-sfe-211223.pdf ○ Tirzepatide: PRN01879-interim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-NICE-fu.pdf ○ Liraglutide: 1 Recommendations | Liraglutide for managing overweight and obesity | Guidance | NICE **ACTION:** • **Upload statement to GLPs PAD pages for tirzepatide, semaglutide and liraglutide) (PAD admin)**
15	**Intermittent self-catheters** **To note the Director of Pharmacy rejoined the APC during this item** The lead presented the final part of the continence formulary to the APC for agreement. The lead noted that the formulary provides a list of products suitable for the majority of patients, ensuring cost effectiveness without compromising patient care. It was noted that in June 2025 NICE published a Late-Stage Assessment (LSA) guidance on intermittent urethral catheters for chronic incomplete bladder emptying in adults, and the key recommendations from that guidance were shared with the APC members. The lead also noted that the recommendations from the LSA should be considered when changing catheters or reviewing catheter use. It was highlighted that access to these products should be through the Surrey Heartlands Appliance Prescription Management System, which has recently been launched. Acknowledgment was given to guidance from Nottinghamshire and Hampshire and Isle of Wight which had informed guidance presented to APC. Comments received were noted by the APC members and the request to add the Luja catheter to the formulary was considered. The APC agreed with the addition, noting this catheter was more

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	expensive and there was limited evidence available around benefits, although anecdotally a number of teams reported good results. Luja catheter will be added as third line specialist initiation only with clinical justification. **ACTION:** • **Add Intermittent self-catheters to PAD for reference (PAD admin)**
t	**Melatonin proof of concept project overview** The members were presented with a summary of a melatonin proof of concept project that was carried out by a small number of practices, over a 4-month period, in Surrey Heartlands. The aim of the project was to gain a better understanding of the prescribing of melatonin and if it is being prescribed safely and in line with national guidance. Recommendations were proposed were included in the summary that was presented to APC. The APC were asked to agree the summary for sending out to primary care colleagues via MMM and the primary care newsletter and to secondary care colleagues through the formulary pharmacists to increase awareness of good practice. It was also noted that there will be educational sessions set up with input from subject matter experts in managing sleep problems in adults and in children covering the key points in the summary document The lead author had some feedback from GP prescribing leads and from subject matter experts prior to APC and the summary document had been amended prior to APC presentation, based on the feedback received. The APC members agreed the presented summary for communication to primary and secondary colleagues **ACTION:** • **Lead author to share summary with primary & secondary care colleagues (TaB)**
17	**Joint Formulary Skin Guidelines** The chapter review for the skin chapter has been completed but as a consequence of those agreements, the associated guidance on PAD needed to be reviewed. The discussions for each document were as follows: **Psoriasis – Primary Care treatment choices** • The APC members agreed with the removal of this document from PAD and add links to CKS and the Primary Care Dermatology Society (PCDS) guidance instead. **Topical corticosteroids – treatment choices** • Remove treatment choices from fact sheet and re-format remaining info with additional section on risk of adrenal insufficiency into one document and keep the steroid emergency resources **Actinic Keratosis – Primary Care treatment choices** • The APC members agreed with the removal of this document from PAD and add links to CKS and the PCDS guidance instead.

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	• The APC were asked to add tirbanibulin ointment to JF as **GREEN** as it is included in the PCDS pathway and is also recommended in Scotland (SMC) and in Wales (AWMSG) • Fluorouracil 40mg/g (4%) cream is also included in the SPS Medicines Supplies Tools as an alternative licensed treatment to fluorouracil 5% cream and imiquimod. It is proposed due that 5% fluorouracil remains preferred as it is expected to become available as a generic. A **GREEN** (see narrative) traffic light status was proposed and was agreed by the APC members The Surrey Heartlands Integrated Care System Area Prescribing Committee have agreed the following • Tirbanibulin ointment for Actinic Keratosis – **GREEN traffic light status** • Fluorouracil 40mg/g (4%) Cream – **GREEN (see narrative)** **ACTIONS:** • **Remove documents from PAD as proposed (PAD admin)** • **Add PCDS & CKS links to PAD as proposed (PAD admin)** • **Reformat topical steroids useful information to one document (MRU)** • **Add tirbanibulin ointment and fluorouracil cream to JF (PAD admin)**
18	**Managing cognitive symptoms in people living with dementia update** This guidance has been updated following queries around the prescribing and review arrangements for risperidone. There was some discussion about the management of aggression and input required from a psychiatrist before prescribing risperidone. Members considered there may be some conflict in the information within the guidance and the leads agreed to look at this potential conflict and amend if appropriate prior to PAD upload. With that consideration the APC members agreed the updated guidance The Surrey Heartlands Integrated Care System Area Prescribing Committee have agreed the updated managing cognitive symptoms in people living with dementia. **ACTIONS:** • **Leads to amend guidance, prior to PAD upload (AM)** • **Add updated document to PAD for reference and remove old documentation (PAD admin)**

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19	**Guselkumab for the treatment of Crohn's Disease (NICE TA1095) and guselkumab for the treatment of Ulcerative Colitis (NICE TA1094)** The APC members considered the implementation of these NICE Technology Appraisals with reference to the APC decision making framework. Members were informed that the mode of action for guselkumab does not constitute a new line of treatment within the pathway for Inflammatory Bowel Disease (Crohn's Disease or Ulcerative Colitis) The regional clinical effectiveness team at SERMOG are updating the treatment pathway and this will be brought through APC when that update is completed. Members noted that the financial impact of implementation of these NICE TAs is not expected to exceed the £100,000 per place per annum. It was also noted that use of the subcutaneous injection for initiation, rather than the intravenous (IV) infusion will be a more cost-effective preferred option because of the associated costs of administration and day care tariffs with the IV infusion. The APC members agreed the proposed RED traffic light status for both indications and note that guselkumab is a medicine that is excluded from the national tariff. The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed implementation of guselkumab for the treatment of Crohn's disease in line with NICE TA1095 AND Ulcerative Colitis in line with NICE TA1094. Guselkumab for this indication will be considered as **RED** on the Joint Formulary with treatment initiation and continued prescribing by specialists in gastroenterology. Where guselkumab is considered the most appropriate treatment option, the use of subcutaneous injection for initiation is more cost-effective than using iv infusion and would therefore be the preferred option. Primary care prescribers should be aware that their patient is receiving this medicine and ensure that this is recorded on the patient's medication screen as a hospital-only drug in line with guidance on the PAD. This will also alert the prescriber to potential side effects and interactions with other medicines prescribed in primary care. It will also ensure that GP records, which are accessed by other healthcare providers, are a true and accurate reflection of the patient's medication. **ACTION:** • **Upload briefings to PAD for reference (PAD admin)** • **Upload weblinks to NICE guidance to PAD (PAD admin)** • **Update BlueTeq forms to include guselkumab for these two indications (GR)**

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	Freestyle Libre 3 discontinuation The APC were informed that Freestyle Libre 3 Continuous Glucose Monitor (CGM) is being discontinued by the manufacturer and will be replaced by Freestyle Libre 3 PLUS. All references to freestyle libre 3 will be removed from the JF & PAD. Freestyle Libre 3 PLUS is licensed for the same indications and so Freestyle Libre 3 will be replaced with Freestyle Libre 3 PLUS on the JF and PAD. The cost of Freestyle Libre 3 PLUS is comparable with a 15-day wear as opposed to a 14-day wear with Freestyle Libre 3. For patients using a hybrid closed loop (HCL) system Freestyle Libre 3 & Freestyle Libre 3 PLUS are compatible with the Ypsopump (insulin pump) and the CamAPS FX algorithm and is one of a number of HCLs that are funded by Surrey Heartlands ICB so the Blueteq tick box forms will be amended to reflect the change. The APC members agreed with the recommendations as proposed The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed to replace Freestyle Libre 3 CGM with Freestyle Libre 3 PLUS CGM on the PAD/JF and update relevant tick box forms on blueteq for specialist use. **ACTION:** • **The JF/PAD will be updated (PAD admin)** • **Update Blueteq forms as agreed (CJ)**
22	**AOB** **Removal of documents from PAD (& replace where indicated)** Now that the PAD/JF has been launched there are a number of documents on the PAD that either need reviewing or removing from the PAD. The MRU have liaised with the subject matter experts and the APC agreed with the proposals as presented. **Removal of SLS for generic tadalafil and vardenafil** Communication received prior to APC about changes to SLS status for generic tadalafil and vardenafil. SLS status for generic sildenafil was removed in 2014. The brands continue to need an SLS endorsement if used, but these are not on the JF and will not be added following this communication. The APC members agreed the amendments as presented. A request was also made for review of the guidance on penile rehabilitation, in particular the duration of treatment. **ACTION:** • **Add penile rehabilitation review to APC workplan (CJ)** **Influenza** The SLS has also been amended to remove current seasonal prescribing restrictions on oseltamivir (Tamiflu®) and zanamivir (Relenza®). The change will enable primary care prescribers in England to prescribe influenza antivirals all year round, and not just within the period in which the Chief Medical and Pharmaceutical Officers have advised influenza is circulating in the community. **ACTION:**

Item No.	Discussions and New Actions
	• **The communication will be circulated to APC members for reference (CJ)**
Future meeting dates: (2.30pm to 5pm) via Microsoft teams calls • Wednesday 3re November 2025	
Signed and agreed by: **Date: DD MMM YYYY** **Chair Name, Chair Title (Chair)**	
Minutes agreed for publication by: **Date: DD MMM YYYY** **Exec Lead name, Exec Lead Title (Exec Lead)**	